negative symptoms. The results suggest that functioning and improvement in functioning are more strongly correlated with negative than with positive and other symptom factors.

PMH57

ASSOCIATION OF ANTIDEPRESSANT-RELATED WEIGHT GAIN WITH DEGREE OF ENJOYMENT AND SATISFACTION REGARDING GENERAL DAILY ACTIVITIES, MEDICATION AND OVERALL QUALITY OF LIFE

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OBJECTIVES: To examine the association of antidepressant-related weight gain with degree of enjoyment and satisfaction from general daily activities, medication and overall quality of life. **METHODS:** Employed individuals (≥18 years of age) with depression (excluding bipolar disorder) completed a web-based computer-generated 25-minute survey (population identified by Harris Interactive). Weight gain was measured using the Toronto Side Effects Scale which measures medication-related side effects in the two weeks preceding the survey, and analyzed as a 4-level ordinal variable (none, <=2lbs, <=4lbs, <=7lbs). Degree of enjoyment and satisfaction related to general activities, satisfaction with current medication, and overall quality of life were measured using a 5-point ordinal scale (1=very poor; 5=very good) employing the Quality of Life Enjoyment and Satisfaction Questionnaire – Short Form (QLESQ-SF). A summary "percent-of-max" score was calculated for general activity items, and transformed to a 5-level ordinal variable using cut-points of 20, 40, 60 and 80% (<20% represented least overall enjoyment/satisfaction) . Gender stratified cumulative logit models were used to estimate the effect of weight gain on QLESQ-SF measures. **RESULTS:** Of the 1,521 survey respondents, 872 (57%) reported current antidepressant use (60.6% female, mean age 49.9 ± 13.5 years). Compared to females with no weight gain, the odds of having lower enjoyment/satisfaction were greater for females who experienced any weight gain: <=2lbs (odds ratio [OR] =2.22; p=<0.0001), <=4lbs (OR=2.27; p=0.004) and <=7lbs (OR=12.50; p=<0.0001). Among males lower QLESQ score was associated only with the <=7lbs category (OR=5.26; p=0.0004). Satisfaction with medication was inversely associated with weight gain for females; <=2lbs (OR=1.49; p=0.051), <=4lbs (OR=2.33; p=0.002) and <=7lbs (OR=8.33; p=<0.0001) and males; <=7lbs (OR=2.78; p=0.031). **CONCLUSIONS:** These data suggest that antidepressant-related weight gain may have strong associations with patient perceptions of diminished enjoyment and satisfaction in general daily activities and with current medication, which may affect medication adherence.

PMH58

DONEPEZIL ORAL DISINTEGRATING VERSUS DONEPEZIL STANDARD TABLETS ON OBJECTIVE BURDEN OF CAREGIVERS OF NAÏVE PATIENTS WITH ALZHEIMER'S DISEASE

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OBJECTIVES: The goal of this research was to compare the effect of donepezil oral standard tablets (OST) versus donepezil oral disintegrating tablets (ODT) on stress and objective burden in caregivers of de novo patients with dementia of AD in routine medical practice. **METHODS:** A 6-month, prospective, observational study enrolled naïve patients with possible/probable AD according to DSM-IV/NINCDS-ADRDA criteria. Comparison on caregiver stress and objective burden was carried-out between donepezil formulations of OST and ODT for a 6 month period. The self-administered ZARIT scale and daily hours devoted to the care of patients on basic and instrumental activities of daily-living (BADL, IADL), behaviour supervision and nursing home institutionalization were computed. **RESULTS:** 547 naïve and de novo AD patients were analyzed: 123 (22.5%) received OST and 424 (77.5%) ODT, at 7.1 (2.5) and 7.1 (2.6) mg/day, respectively. No significant differences were observed in age, sex distribution, schooling, educational training, or relationship with main caregiver between groups. Baseline clinical characteristics (comorbidities, symptoms of dementia duration, MMSE scoring) were homogeneous between groups and remained unchanged during the study; Adjusted ZARIT scoring was reduced significantly in ODT group by -1.1 point (p=0.001) but this was not statistically higher than the reduction observed in OST cohort; -0.5 (p=0.527 between groups comparison). Daily hours of care on BADL and IADL were not statistically different between cohorts and remained unchanged during the study. Also, average number of hours/day on behaviour supervision or general supervision and the percentage of caregivers having to quit their jobs were similar. **CONCLUSIONS:** Findings of this study show that both subjective and objective burden of caregivers of de novo patients with AD treated with donepezil remain stables during the 6-month period of the study, and it is unrelated with type of formulation given to patients.

PMH59

EMPLOYMENT STATUS AND SELF REPORTED QUALITY OF LIFE IN CHINESE PATIENTS RECEIVING TREATMENT FOR MAJOR DEPRESSIVE DISORDER

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OBJECTIVES: Patients with major depressive disorder (MDD) frequently report lower quality of life (QoL) and increased disability compared with the general population. This post hoc analysis describes the association between QoL, painful physical symptoms (PPS), depressive symptoms and employment status in a Chinese MDD patient cohort. **METHODS:** Chinese MDD patients (299) from a prospective observational study of six East Asian countries/regions were compared at baseline and after 3 months of naturalistic treatment on QoL (EuroQoL Questionnaire-5 Dimensions [EQ-5D] utility score), PPS (Somatic Symptom Inventory [SSI]), depression (17-item Hamilton Depression Rating Scale [HAMD17]) and employment status measures. Patients were classified as PPS positive or negative (PPS+, PPS-; SSI mean score ≥2 or< 2 respectively). Effect sizes (ES) were calculated using Cohen's d. **RESULTS:** Patients who were employed at baseline reported higher QoL (EQ-5D: 0.60 vs. 0.42; ES 0.7) and were less severely ill (HAMD17 total score: 22.7 vs. 26.0; ES -0.7) than those who were unemployed. Few transitions in employment status were observed during the study. Self-reported QoL was low (EQ-5D: mean 0.52) at baseline and improved substantially after 3 months (EQ-5D: 0.89). PPS+ patients were more severely ill (HAMD17: 25.4 vs. 23.3; ES 0.4) and had a lower QoL (EQ-5D: 0.41 vs. 0.58; ES -0.6) at baseline than PPS- patients. The higher illness severity (HAMD17: 7.0 vs. 4.6; ES 0.4) and lower QoL (EQ-5D: 0.83 vs. 0.92; ES -0.6) of PPS+ patients persisted after 3 months. **CONCLUSIONS:** Employed patients reported a higher QoL and a lower symptomatic burden than unemployed patients. Patients with a low QoL were more likely to be unemployed. The QoL of Chinese MDD patients improved over 3 months of naturalistic treatment. The presence of PPS was associated with higher illness severity and lower QoL at baseline and after 3 months.

PMH60

FACTORS ASSOCIATED WITH HEALTH-RELATED QUALITY OF LIFE IN ALCOHOL DEPENDENT PATIENTS

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OBJECTIVES: Health-related Quality of Life (HRQoL) has become both a target of intervention and a crucial outcome in evaluating treatment of alcohol dependence. Little has been studied on the factors associated with HRQoL before alcohol dependence treatment. We explored the association between HRQoL and several risk factors including level of alcohol consumption. **METHODS:** We used data from CONTROL, an observational cohort study on 143 alcohol dependent patients from Lausanne hospital, Switzerland, followed for 12 months. Average daily alcohol consumption was collected every month and categorised according to the World Health Organisation's risk levels (WRL) classification: high, medium, low or abstinent. Other measures were collected every three months: HRQoL (SF-36), Beck inventory depression score (BDI) and sociodemographic characteristics. The mean score for each dimension and for the Physical and Mental Component Summary Score (PCS and MCS) were calculated at baseline and at 12-months. Correlates of MCS and PCS were identified using Pearson correlation coefficients and factors associated with change from baseline to 12-months were identified using linear mixed models. **RESULTS:** At baseline, except for physical functioning, all average SF-36 scores were below those in the general population. The most impaired scores were those with the heavier contribution to MCS. MCS was significantly correlated with BDI, WRL and age. Compared to abstinent patients, difference in MCS scores was significantly lower in patients with medium (difference=-12.9; p<0.005) or high risk (difference=-14.8; p<0.0001) levels whereas no significant difference was observed between abstinent and low risk patients (difference=-7.3; N.S.). Change in MCS from baseline to 12-months was associated with BDI and WRL. No significant association was found with PCS. **CONCLUSIONS:** HRQol is significantly in alcohol-dependent patients. The level of alcohol consumption and depression appeared as important drivers of HRQoL related to mental health.

PMH61

A DESCRIPTIVE ANALYSIS OF ATOMOXETINE UTILIZATION IN ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD) THE UNITED KINGDOM AND ITALY

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OBJECTIVES: To describe treatment characteristics among children with Attention Deficit/Hyperactivity Disorder (ADHD) using atomoxetine in two European countries. **METHODS:** Medical charts of patients aged 6-17 with ≥1 diagnosis of ADHD between 1/2004-6/2007 were reviewed by physicians from 6 European countries. All patients had ≥2 years of follow-up data and received pharmacological or behavioral therapy post-diagnosis, and were not enrolled in a clinical trial. This analysis focused on two countries with the largest samples of Strattera® (atomoxetine HCL) users: UK (UK) and Italy (IT). Outcomes presented include descriptive statistics (means, rates, percentages) describing treatment: patterns, response and satisfaction. **RESULTS:** 94 patients met inclusion criteria (UK [n=51], IT [n=43]). Patients were predominantly male 80.4% (UK) and 76.7% (IT), Caucasian, 88.2% and 95.3% and mean (SD) age at diagnosis was 9.5(2.6) and 9.0(2.9). Most patients were diagnosed via the Connors (76.5%) (UK) or DSM-IV (51.1%; IT) criteria. A majority of patients presented as combined type ADHD (hyperactive/impulsive and inattentive symptoms) (UK >74% and IT >62%). Between 63% to 76% of all patients indicated ≥8 impairment for impulsivity and hyperactivity (scale from 0 "no impairment" to 10 "high level impairment"). 76.5% (UK) and 55.8% (IT) of patients received two or more ADHD treatments and 42.1% and 20.5% received a methylphenidate product; 37.3% and 32.6% of physicians in the UK and IT, respectively, indicated that these patients had a "poor" or "very poor" response to methylphenidate. 64.9% of patients were currently prescribed atomoxetine vs. 35.1% previously prescribed. 23.0% of physicians of current patients indicated that they were "neither satisfied nor dissatisfied," "moderately dissatisfied," or "very dissatisfied" with current ato-